MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

036926 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County, Cleroline
City or town (If outside city or town limits, write RURAL and give ne lest town)	A Malala loss a William
(If outside city or town limits, write RURAL and give neglest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Leorge Walter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)8 hgle, married, widowed, or divorced	MEDICA CERTIFICATION
Male Whele Dengle	20, DATE DE DEATH USE 16 19 48 21 1140AM
6,(b) Name of husband or wife	21 ARTIFY that death ocurred on the date above stated; that Lattended deceased from
	Ofil 14 10 8 10 Oful 16 19 9 8
7. Birth date of	and that hast own he servalive on agree 15 5 18 4 8
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate Juse of death DURATION
6. AGE: 1 4 5min.	Guens price recuiging 81/2 as
Harry Para Con D. med	Slew Bulleton
9. Birthplace (Town, eounty, and state)	Due to.
10. Usual occupation	Due to.
11. Industry or business	DUE 10
	Other conditions
12. Name Steorge Walter Preeding 13. Birthplace Solels Coso, Mcl.	
	(Include pregnancy within 3 months of death)
off particles miles	Major findings of operations.
ž 15. Birthplace Silvering Co.	Date of op.
16. Informant	Autopay results
Address Je Letto Coco, 1100.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or parnoval, Which?)	Accident, suicide, or homicide
Cemetery or caematory MA. O Love	Where did Injury occur?
Mean Loldalosa Md.	tnjyred at home. farm, Industry, public place (where?)
Location A. Control of the Control o	Means of Injury Ipipred at work?
18. Funeral director Carry Monday . Calabara .	FR 8, 0/ 11
Addre Tredustoro, Me. 1	23. SIGNATURE TORO MA Figure Sulla
1, 4/17 , 48 a Clock Smith	Charles hell M. D. Colone
(Date ec'd by registrar) Registrar	Address Date signed



ADING INK. Supply every item of information carefully. The chysicians; please write the causes of death clearly and legibly.

PLAINLY, WITH UNF

WRITE

PLEASE

ASA

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

			64
Reg.	Diat.	No.	0.2

1. PLACE OF DEATH: County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother)
City or town	state I Yaryland county pruling
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 55 yrs. Hospital Institution or street address where death occurred:	(If outside sity of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rerai, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edward Donavan	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH. April 21 19.48, 216 4 1
6.(b) Name of husband or wife. Lucy Donavan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
s (c) It allow give age 60	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) May 6, 1882 8. AGE: Years Months Days If less than one day	Immediate cause of death
65 II I5min.	LA A B Com
	Alex our waters are
9. Birthplace Farmington, Del. (Town, county, and state)	Due to Manda
10. Usual occupation Farmer	
11, Industry or business	Due 10
	Other conditions.
Robert Donavan 12. Name Robert Donavan 13. Birthplace Del.	
	(Include pregnancy within 8 months of death)
T 14, maidell name	Major findings of operations.
18. Informant Roy Donavan	Autopsy results
Address Federalsburg, Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
t7 burial Date thereot 4/24/48 (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bloomery Cem.	Where did Injury occur? M. M. Mallahang (County) (State)
Location near Federalsburg	Injured at home, farm, Industry, public place (where?)
18. Funeral director Adams & Williamson	Means of Injury Ting Blast Universal Injured at work?
Address Federalsburg, Md.	Augon D Tenal
ada not use Come Vathla	23. SIGNATURE MILES M. D. or other
19. (Date reed by registrar) 19 TO MANUAL Registrar	Address Date signed 1/23/48

APR 27 1948

BUREAU V. S.

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	K	4	34
- 1		-	-

03695

CERTIFICATE OF DEATH

		/ .
eg. Diat.	No	60

1. PLACE OF DE		ma74	m a	(For newborn infants give residence of r	nother)
County		LOTT.	ne Punal	Slate Maryland cour	Caroline
City or town(If	outside city or town lin	nits, write	Rural RURAL and give nearest town)	Marvdel	Rural
How long in above place	e of death?		40 Yrs.	City or town Marydel. (If outside city or town limits	, write RURAL and give nearest town)
Hospital, institution, or	r streel address where d	eath occurre	d:	Street No.	
***************************************				(lfrural, give	
How long in hospital o	or Institution?			2.(a) It veteran, name war	
3. (a) FULL NAM	E				3. (b) Social Security Number
	Alexar	nder	Hackett		x
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	Col.	S	ingle	20 DATE OF DEATH April 21	19 48 21945P.
Male				21, I CERTIFY that death occurred on the date abo	
	or wite				48 10 apr. 21 1048
		6.	(c) If allve, give ageyears	and they last same will alive on	ul 21 1848
7. Birth date of deceased (mo., day,	yr.) April	4.	1908	Immediate support death,	
8. AGE: Year	rs Months	Days	If less than one day	Ceunal Bee	unhase
40	0	17	hrsmin.		0
a Bishalasa Ma	arvdel Ca	roli	ne, Maryland.	Due to.	
1D. Usual occupation.	Labo	ror		Due to	
11. Industry or busine	\$8	X		O. D.	
当 12. Name	Wm. H. I	Iacke	tt	Other conditions	uf
	Marydel, I			// //	1
				(Include pregnancy within 3	onths of death)
E 14. Maiden name	Transaction.	Moses	-land	Major findings of operations	
≥ 15. Birthplace	Gertrud Marydel, m. H. H	Wary	Land		Date of op
16. InformantVI	m. H. H	acket	<u> </u>	Antopsy resolts	sich death should be charged statistically.
Address Ma	rydel. Ma	rylar	d. Rural		
			(month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	
	a] on, or removal, Which?)				
Cemetery or cremat	toryMt.Z.i.	on		Where did injury occur?(City or town)	(County) (State)
LocationN.e	ar Maryde	1. Ma	ryland.	Injured at home, farm, Industry, public place (wi	
			Rawlings	Maans of Injury	Injured at work?
	7			1 State of the sta	OA (kea)
Address Gr	eensboro,	War	0. ///	23. SIGNATURE JULIANA	M. D. or delfort
19. 7/ 10	7 19 4 8		Clark & much	1 Lever	ne 1/1/1/01 122
(Date ree'd by r	egistrar)		Registrar	Address	hate signed



2411 N. Charles St., Baltimore

Rog. Diat. No...

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carolino	n -
City or town Drugalero:	State MA County Selfer
City or town (If outside city or town limits, write RURAL and give nearest town)	Cily or town Caston
How long in above place of death? 2 marchs	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME William C. Hearn	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Co. Cordonio	20. DATE OF DEATH Chil 27 19 +8 , 21 2: 40 N
B-150	21. I CERJIFY that death occurred on the date above stated; that Laffended deceased from
6.(b) Name of husband or wife William A. M. Char.	
V	Cfrel 2/ 1948 10 Cfrel 37 1948
7. Birth date of	and that last saw h the alive on Classe 26 19 48
deceased (mo., day, yr.) New - 1858	Immediate puse of death OURATION
8. AGE: Years Months Days If less than one day	immediate crustiff death
	Cheha Cirleus derosis
88 ×hrsmin.	
Darket Man Carl	Que 10 Cliteras & classiff
9. Birthplace	(land 16 april - Hacaka
P. T.	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Buston B. Alexen.	Other conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
± 14. Maiden name.	Major findings of operations
14. Maiden name Charlotte Smith 15. Birthplace Md	Black Marie
2) 13. Birinplace	
16. informant W. Ongel Dear	Antopsy results
8-11 mg	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
Address Carley 12.	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 Buriel Date thereof Afril 28, 1948	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Complete Combridge	Whers did injury occur?
Cemetery or crematory	
Location Lamburge M.	Injured at home, tarm, Industry, public place (where?)
DENTAN 6	Means of Injury Injured at work?
18. Funeral director	
with the William	On a Visite only
Address stolen - M	23. SIGNATORE Selecte NO Medaporia
11/2 2 VS // XL. 1/0, 2000	M. D. or other
(Date rec's by registrar)	Address Preudono Ma. Date signed 4-27-40

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UNFADING INK. Supply every item of information carefully. The coant. Physicians: please write the causes of death clearly and legibly.

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MAY 6 1948

BUREAU V. S.

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

03697

CERTIFICATE OF DEATH

County Caroline	(For newborn infants give residence of mother)
Tedeno lahung	State Maryland County Caroline
(If outside city or town limits, write KUKAL and give hearest town)	City or town the data of the County of the City of town limits, write AURAL and give nearest town)
How long in above place of death? 40 yrs.	(if outside city or town limits, write RURAL and give nearest town)
River Rd.	Street No. Much Ma.
	(lfrural; give LOCATION) N●
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Ollie H. Hubbard	3. (b) Social Security Number
4. Sex. 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 2 Mala white wideward	
Male white widowed	20. DATE OF DEATH ON 1948, 21 8:15. P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	april 1914 1848, 10 april 19 1848
T. Birth date of	and that last saw he Whalive on agril 1919.
deceased (mo., day, yr.) August 5, 1865	
8. AGE: Years Months Days It less than one day	Immediaic cance of death DURATION COYONGYY - TAYOM FOSIS - 15 MIN
82 8 I4hrsmin.	
9. Sirthplace Federalsburg	· Heneralized Urteriosclerisis-
9. Sirthplace	Due 10.
1D. Usual occupation retired farmer	(-
86 96	Due to
11. Industry or business	
12. Name unknown 13. Birthplace Md.	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Angilene Hubbert 15. Sirthplace Md.	
Md.	Major findings of operations.
	- Date of op.
16. Intermant Mrs. Madge Ehristopher	Autopsy results.
Address Federalsburg, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. burial oremation or removal Which?) (Burial cremation or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hillcrest Cem.	Where did injury occur? (City or town) (County) (State)
Location Federalsburg, Md.	Injured at home, farm, Industry, public place (where?)
Adams & Williamson	Means of Injury Injured at work?
18. Funeral director	1100
Address Federalsburg, Md.	23. SIGNATURE VI Servin mo
asr 22 wife hereal with	M. D. or other
(Date rec'd by registrar)	Address According mod Date signed 4/20/44
~~//	

APR 24 1948

2411 N. Charles St., Baltimore

Reg. Diat. No.

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2. Y

			CERTIFI	CATE OF DEATH
City or town	Car gley utside city or town of death?	Rura limits, write R	URAL and give nearest town 2. Mo.	City or town Ride (1f outside
3. (a) FULL NAME				
The Carrie		nie	Jackson e, married, widowed, or divorced	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	1
F.	Col	N	larried	20. DATE OF DEATH A.D.I
6.(b) Name of husband	r wite Geor	ge J	ackson	21. I CERTIFY that death occ
		6.(0	e) If alive, give age	years Uprel
7. Birth date of deceased (mo., day, ye			1873	and that I last saw h E.A
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death
75	1	28	hrs.	
9. BirthplaceKer	nt Islan	n, county, and	Maryland.	Due to Char
10. Usual occupation	E	lousewi	fe	Due to.
11. Industry or business			X	
12. Name 13. Birthplace		eeks ryland		
13. Biringiace				(Include
14. Maiden name No record 15. Sirthplace Maryland				Major findings of operation
15. Birthplace				
16. Intormant			na	PHYSICIAN: Please unde
Address	Ridgel			22. VIOLENCE: If death i
17. But	rial or removal, Whice	Date ther	eof 4/20/4 (month) (day) (ye	Accident, suicide, or homic
Cemetery or cremato	ry Cl	nester		Where did injury occur?
			and.	
			wlings	Means of Injury
	nsboro		9	4
11	,	1 M	0/1	23. SIGNATURE
19. (Date rec'd by re	17 19 4	2	ary 6. Jai	egistrar Address /CC

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2. USUAL RESIDENCE (HOME) OF (For newhorn infants give residence of m	DECEASED:
State Maryland Count	, Caroline
City or town Ridgely Ru	ral write RURAL and give nearest town)
Street No	OCATION)
2.(a) If veteran, name war	x
	3. (b) Social Security Number
Development of the control of the co	×
MEDICAL CE	RTIFICATION
20. DATE OF DEATH APRIL 17	19.48., at 4. A
21. I CERTIFY that death occurred on the date above	
aprel 16 19 t	8 10 April 19 48
and that I last saw h & last saw h	251l 16 19.48
Immediate cause of death	DURATION
Casalac Front	hours 2 days
Due to blue Colle	reclaime 25 yr
Due to	
Dther conditions	7
(Include pregnancy within 3 m	onths of death)
	one of death,
Major findings of operations	Returned on
	Date of op
Autopsy results	ch death abould be charged statistically.
22. VIOLENCE: If death was due to external caus	
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (wh	
Means of Injury	Injured at Work?
U.	1075
23. SIGNATURE	M. D. or other
Midsely	Date signed 4-17-48

03698



APR & 1919
RUREAU V. S

CERTIFICATE OF DEATH

Reg. Dist. No. 41

DIAGRAN DELTH	2. USUAL RESIDENCE (HOME) OF DECEASED;
1. PLACE OF DEATH:	(For pewborn infants give residence of mother)
ounty 10 WCotaste	
at heart of the	State Maryland County Curo-cine
or fown	
	City or town
w long in above place of death? RO 900.	(I cotside city or town limits, write RURAL and give nearest town)
ospital, Institution, or street address where death occurred	
spiral, institution, of street address where	Street No.
	(If rural, give LOCATION)
	2.(a) If veteran, name war
ow long In hospital or Institution?	S.(w) II folding name water
B. (a) FULL NAME	3. (b) Social Security Number
// 711	2 - 101
Munic / bleek	114 18-01-67/3
5. Color or rade 6.(a) Single, married, widowed, or divo ced	MEDICAL CERTIFICATION
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
-17 /1) T. F. YVIARROOM	11/10 - 11/1 11/10 781
2. While ITWOODES	20. DATE OF DEATH
W	as a second of the data show stated, that I alterned deceased from
(b) Name of husband or wife. Raymond	21. I CERTIFY that death occurrer on the date above stated; that I attended deceased from
AV Name of association of which	
6.(c) If alive, give age T. T	years
Birth date of 1 1 1 G n 7	and that I last saw halive on
deceased (mo., day, yr.) //00. 6 //0/	Immediate cause of death
1 Page 11 Page 1 Mary 1 Mary 1 Page 1	Immediate chuse of death
. AGE: Years Months Days It less than one day	
40 3 10 hrs.	min. We lead in the second work of his did
	- Lucy Control of the
Lated Altora Carolina Ma	I a you that would in
(Town, county, and atate)	
(Town, county, and attace)	Paer
D. Usual occupation Sarment Worker	
J. USU21 OCCUPZHOR	Due to
1, industry or business	
12. Name Fred Jarranore	Dither conditions
\mathcal{M}_{α}	
12. Name Frech. Tarramore 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
of the diameter	(Include pregnancy within a months of death)
14. Maiden name Loulee Carromore	Major findings of operations.
14. Maiden name Loulie Jarramore 15. Birthplace Rel.	
≥ 15. Birthplace	Date of op.
Pin C Munh	
16. Informant Locus C. Murchy	Autopsy results.
W. O. Maria	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address & Teens 1020 //466.	Add to Add or to
11 1101.1	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 / Durial Date thereof. 4/0/4	Accident, suicide, or homicide. Harvelle goe of 4.6.4.8
(Burial, cremation, or removal) Which?) Date thereof	
N/T/ran man Umas a	Where did injury occur? Cast Views to Collina (Sector)
Cemetery or crempory	(City or town) (State)
Mr. Ama Marl	Injured at home, farm, Industry, public place (where?)
Location & July 1000 11CCC.	
1 (2 (2) (2)	Means of injury Lesse Plant Closered injured at work?
10 Sand divide Kan wernel 19. Kawtine	module of (injury)
18. Funeral director	1 04
MINISTA DO MA AUMON A MC.	Manager TI Trace
Address Address Address Address	23. SIGNATURE
6 15 15 1 m -1)	10 1. To median Wiscour M. D. or other
(101) 10 millo of 1110	
19 Control of the state of the	4/8/1
19. (Date rec'd by registrar)	istrar Address Date signed 84

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PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

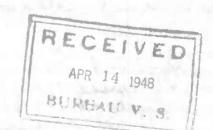
2411 N. Charles St., Baltimore

03700

CERTIFICATE OF DEATH

eg. Dist. No. 6/

A	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write BURAL and give nearest town)	State
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Keun, and Lewis Muy	Chy- 217-07-3869
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	/20, DATE DE DEATH ASSIS 6 1948 at 7 8 A.
6.(b) Name of husband or wife Cunic	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 4 0 2 - 10 25	and that I last saw halive_on15
8. AGE: Yeags Months Days It less than one day	Indediate ause of death DURATION
44 20 1hrsmin.	yaman parameter
Mr. O. C. A. Mal	Ten Of I was let Check
9. Birthplace Town, county, and atate)	Due to the total and the total
10. Usual occupation Jaloron	
0.4.3	Due to
11. Industry or business	
12. Name Neglert Muerphy 13. Birthplace & Reenstoro, Md.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Lyden France 15. Birthplace Maryland	Major fieddings of operations
15. Birthplace / Mary land	Date of op.
16. Informant Joues C. Musphy	Autopsy results.
Address Trunslow, McV.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 . 0 4/10/10	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remove Which?) Date thereof (month) (day) (year)	Accident, suicide, or homiside
Cemetery or cramary Spiens Comments	Where did injury occurs (City or town) (County) (State)
Tree meloro. Md.	Injured at home. Jarm, industry, public place (where?) Tellis (Cosel -
Management B. Ragertinia	Meens of Injury Leen Okent Wasserd - Injured at work?
1B. Funeral directory	1 Ale
Address & Newsloro, Mel.	23. SIGNATURE NEWSON D LEGGE
19 april 10, 1945 L. Michigan	Expete mexical reasons M. D. or other
(Date/rec'd by registrar)	Address Date signed T. D. Date signed T. D.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 64

	_
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Casalina	(For newborn infants give residence of mother)
(If outside city or pown limits, write RURAL and give nearest town)	State County County County County or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where doubt occurred:	Streef No. Greenidge Co. (If rural give LOCATION)
	(If rural/give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lydia a. Lusey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Midowed	20. DATE OF DEATH April 25 19 48 21 12:50 P. 1
6.(b) Name of husband or wife. William a. Russy	21. I CERTIFY that death occurred on the databove etated: that I aftended deaced from
6.(c) If alive, give ageyeare	
7. Birth date of deceased (mo., day, yr.) September 2, 1873	
8. AGE: Years Months Days If less than one day	Immediate cause of Teath DURATION
74 7 23 hrs. min.	Cardis-Varendar juj.
	rend awar
9. Birthplace Carline County Maryland	Due fo
(10 mi, county, and source,	
10. Usual occupation. Housework	Due 10
11. Industry or business . Home	
I 12. Name York 7. Jones	Other conditions Prancis meeting with
	(Include pregnancy within 3 months of death)
14. Maiden name Essenth F. Vielia no S 15. Birthplace Dorshester County, Maryland	Major fiediogs of operations
E 15. Birtholace Dorchester County, Maryland	Date of op.
Shire P. L. F. P.	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Tederalsburg, Maryland	22. VIOLENCE: If death was due to external causes, till in the following:
17. Burial Date thereof and 27 1948. (Burial, cremation or removal. Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Hill Crest Constany	Where did injury occur?
Tederalsburg "Maintand	Injured at home, farm, Industry, public place (where?)
a a 7 a the sand has	Meene of Injury Injured at work?
18. Funeral director J. J. Frampton and Son	A Day Day
Address Federalsburg, Maryland	23. SIGNATURE TRENCH /M Confessor MD
19. april 26 19 48 5. 5 Fram atom	Address Federal levery M. D. or othey 6/4.

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

WRITE PLAINLY, WITH LXF is especially important.

PLEASE

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, v is especially i WRITE PLEASE A15 SA

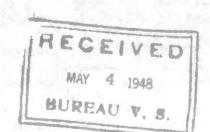
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Caroline City or town Henderson Rural (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurel, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mollie E. Thomas	X
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION E.S.T. 20. DATE OF DEATH
6.(6) Name of husband or wife James E. Thomas 5.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) May 2. 1860	21. I OFRIFY that death occurred on the date above stated; that I attended deceased from 1947 to 47 2 4 19 4 8 and that I last saw h 22 alive on 1948
8. AGE: Years Months Days If less than one day	Immediate Cur of dath DURATION
87 11 23hrsmin.	
9. Birthplace Queen Anne County Md. (Town, county, and atate) Housewife 11. Industry or business X 12. Name John Woolyhand 13. Birthplace Maryland	Due to
14. Maiden name No Record 15. Birthplace Maryland	Major findings of operations
16. Informant. Howard B. Thomas Address Henderson Md Rural	Autopsy results
17 Burial Date thereof 4/27/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Greensboro	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Greensboro, Maryland.	Injured at home. farm, industry, public place (where?)
18. Funeral directorRaymond. B. Rawlings	Means of Injury Injured at work?
Address Greensboro, Maryland. 19. 4/26 19. 48 a Clark Smith (Datgree'd by registrar) Registrar	23. SIGNA BY Selver M. D. or other M. D. or other Address. Address. Address. Address. Address.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

03703

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For gewborn infants give residence of mother)
County Darto	State Zuel County Caroline
(if outside city or town limits, write RURAL and give nearest town)	City or town
How iong in above place of death?	
W.E.B.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war. Urred Way II
3. (a) FULL NAME Covere q. Westy.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 1948
Male white morried	20. DATE OF DEATH 3:15 1
6.(b) Name of husband or wife Edith Curty.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allive, eve age 3.1 years	
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
36)2 16min.	
9. Birthplace Pung Ba.	Due to Eudine acalusaine formedia
10. Usual occupation broken brue of	
11. Industry or business	Due to
	Other conditions States Lalerosis 7-937
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name OS Oco Code 15. Birthplace	Majnr findings of operations
16. informan Mrs. Esith West.	Antanay resolts
Address Dealer Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Date thereof (nonth) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Harvaratan Lenn	Whers did injury occur?
Location	injured at home, tarm, industry, public place (where?)
18. Funeral director & Harry Williams	Msans of injury injured at work?
Address Telescolory, Md.	Muson O Jeanne
11/4 11/4 (1) 1/40	23. SIGNATURE M. D. or other
19. (Date rec's by registrar) 19. (Date rec's by registrar)	Address Dules Signed 18/48

APR 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, is especially

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03704

Reg. Dist. No. 63

1. PLACE OF DEATH: County	
3.(a) FULL NAME James Phillip Wright	3,(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(b) Name of husband or wife Pearl B. Wright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	years and that I last saw halive on
8. AGE: Years Months Days If less Ihan one day	Immediate cause of death DURATION
s. Birthplace Choptank Caroline Co. Maryl. Fishing 10. Usual occupation 11. Industry or business	Due 10. asterio Oclesario ?
12. Name Walter M. Wright 13. Birthplace Choptank, Maryland	
14. Malden name. Jennie Pritchett 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Pearl B. Wright Address Preston, Md. 17. Burial (Burial, cremation, or removal. Which?) Cemelery or crematory Jr.O H A M Preston, Maryland Location Harry M. Hollis 18. Funeral director.	Autopsy results
Address Preston, Md. 19. 4/19 19. 4/19 19. 48 Cornelia Pluma.	23. SIGNATURE MANDON DECIDED M. D. or other pair signed 4/1.9/4.8.

APR 23 1948
BUREAU V. S.

1. PLACE OF DEATH:

How long in hospital or institution?.

6.(b) Name of husband or wife.

65

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

1D. Usual occupation. 11. Industry or business

12. Name

14. Maiden na 05. Birthplace

16. Informant ...

Address

13. Birthplace

8. AGE:

Caroline

How long in above place of death? 2 years Hospital, institution, or street address where death occur Main Street

Preston, Maryl (If outside city or fown limits, write

Fred N. Wright

Preston, Mary

14. Maiden name Mary Cheezum Maryland

Burial
(Burial, cremation, or removal. Which?)

Cemetery or crematory

1B. Funeral director ...

MAKGIN KE	UNFADING I
	Er.
	PLAINLY, WITH UNI
45-15M	RITE

PLEASE

A15

S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



2. USUAL RESIDENCE (HOME) OF DECEASED:

03705

CERTIFICATE OF DEATH

Reg. Diat. No......

line eston. Maryland utside city or fown limits, write RURAL and give nearest town) of death? 2 years street address where death occurred; in Street	(For newborn infants give residence of mother) State Maryland county Carolin City or town Preston (If outside city or town limits, write RURAL and give neasest the control of the cont	reat town)
	3. (b) Social Security	Number
LULU ELIZABETH WRIGHT	220-12-110	
5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
White Married	20. DATE OF DEATH. April22 19.48	2:15A
or wife Fred N. Wright 6.60 If alive, give age 65ears	21. I GERTIFY that death occurred on the date above stated; that I attended decea 1/23/ to April 2 and that I last saw h 6 r alive of April 21 Immediate cause of death Acute Coronary	sed from
r.) Dec. 10, 1882	Immediate cause of death ACULE COPONARY	DURATION
11hrsmin.	Occlusion	6 hrs
eston, Caroline, Maryland (Town, county, and state) Housewife Eli Larrimore	Due to. Dither conditions Hypertension Essentiag	5yrs
Maryland		danien jakania.
Mary Cheezum	(Include pregnancy within 3 months of death) Major findings of operations.	
Maryland	Date of op.	
red N. Wright	Autopsy results	
reston, Maryland Date thereof Apr. 24, 1948 (or removal. Which?) Date thereof Apr. 24, 1948	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Jr. O. U. A. M. Cemetery	Where did injury occur?	(State)
Preston, Maryland	Injured at home, farm, industry, public place (where?)	
H. M. Hollis	Means of Injury Injused at work?	
Preston, Maryland	The At	
3 1948 Cornelia Plummen Registrar	23. SIGNATURE M. D. c Address Preston de Date signed	73/48

APR 27 1948
BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Diat. No. 64

	3
1. PLACE OF DEATH: County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Testing States of the City of town limita, write RURAL and give nearest town)	State Manyland Courty Caroline
How long in above place of death? 4 years	City or town. (If outside city or town finits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred:	Street No. 2/3 Duena Vista avenue
213 Buena Vista avenue	(If rural, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Willia 8. Wright	3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	
0. 5 V. 0.	20. DATE OF DEATH APIC 14 19.48 at 8.4.
6.(b) Name of husband or wife. Rhoda & Wright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that Wast saw h. s. A. alive on Offel 154 19
deceased (mo., day, yr.) Zeptember 25, 1868	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	0 1 101 1 0
79 6 19min.	Cerebral Hamonlage 4day
a Richalder Caroline Country Maryland	Due to.
(Town county, and state)	Hypotouse 390
10. Usual occupation Retired Farner	Due to.
11. Industry or business Farm	Due to
	Other conditions.
12. Name John Wright 13. Birthplace Caroline Country Thanyland	
	(Include pregnancy within 3 months of death)
14. Malden name Micie Collins 15. Birthplace Caroline County, Maryland	Major findings of operations
El 15. Birthpiace Caroline County, Maryland	Date of op.
16. informant Mrs. Rhoda E. Whight	Autopsy results
7	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. But Date thereof april 17. 1948. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Accident, suicide, or homicide	
Cemetery or crematory Courses Constany	Where did injury occur?
Josephon Near Federalsoning Maryland	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director. It transform to for	a lun a a lun 1 m 1
Address Federalsburg Maryland	23. SIGNATURE M. D. or other
19. april 16 19 48 J. J. Transform Registrar	Addrest ederelisting und Date signed 4/20/4

BINDING FOR RESERVED MARGIN

WRITE

PLEASE

APR 23 1948

BUREAU V. S.